

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027831

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 207

Primary Registration District No. _____

Registrar's No. 24

FILED JUL 18 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dry Creek Twp.		c. CITY OR TOWN Dixon, Mo.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home		d. STREET ADDRESS (If outside, give location) Dry Creek Twp.	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Samuel Middle Levi Last Hayes		4. DATE OF DEATH Month July Day 9 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/7/1895
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months 6 Days 3 Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Maries County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Walter Hayes	
13b. MOTHER'S MAIDEN NAME Martha Parker		14. NAME OF HUSBAND OR WIFE Nora Hayes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I.		16. SOCIAL SECURITY NO. 2	
17. INFORMANT Hursel Hayes, Dixon, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of the prostate		INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:15 a.m. p.m. Month, Day, Year Nov. 28, 1951		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Vienna, Missouri	
20g. COUNTY Maries		20h. STATE Mo.	
21. I attended the deceased from Nov. 28, 1951 to July 9, 1962 and last saw him alive on July 9, 1962		Death occurred at 10:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE S. C. Howard (Degree or title) D.O.		22b. ADDRESS Vienna, Missouri	
22c. DATE SIGNED 7/12/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7/12/62		23c. NAME OF CEMETERY OR CREMATORY Kenner Cemetery	
23d. LOCATION (City, town, or county) Maries County, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR W. C. Birmingham		25. DATE RECD. BY LOCAL REG. 7-12-1962	
26. REGISTRAR'S SIGNATURE Margaret Hutchison			

AUG 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. C. Birmingham

Licensed Embalmer No.

3664

P. O. Address

Venue, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.